

### TRIP REPORT OF VISIT TO KYIV

I arrived in Kyiv on 7th of August and departed on 26th of August. Some members were away in August but Dr. Tereschenko, Dr. Markov, Dr. Anna Derevyanko and others were available during the whole time. In addition, Dr. Epshtein returned around the 20th so I had no problems in fulfilling my quota of work and interactions. I have sent daily email reports and hope that they will fill in the small details since it would take a major volume to recapitulate all of them in this capsule trip report. I will hit the highlights and will let my previous emails stand as submitted.

1. Met frequently with Dr. Markov who is the designate QA person in Kyiv. I found him conscientious and saw that he has managed to come up with some forms and monitoring procedures on his own. When DCC gets the new computers up and running, he should avail himself of their capability to create forms which conform to a general form protocol. He is very personable and I think will be a good asset to project in Kyiv. He attended all of my "centrifuge" set up and instruction sessions and my meetings with Dr. Epshtein. Dr. Tereschenko asked me to include him in all sessions with Dr. E. which was a good and reasonable strategy.

2. Found the 2 Beckman centrifuges and assembled all parts. Everything fits and the mobile team took one into the field for the first time. It was a good thing since the polyclinics in the outback do not normally have centrifuges which can deal with SST vacutainer tubes. Went out on the economy myself and bought plug-ends for their local electricity for the centrifuges, since they came with end of cord bare wires. Centrifuge which we took to field worked well and serum specimens were excellent quality. Centrifuge weighs 50 kgs but two men can easily manage it in and out of Van.

3. Worked on QA forms for laboratory in my laptop and now have the laboratory manual almost complete-except for methods for thyroid function tests for which I need to see package inserts for the test kits. Made some laboratory/medical decisions in concert with Dr. Tereschenko, Dr. Markov, Dr. Epshtein and Dr. Olenyk.

- a. We will not take calcium analyzer into the field with mobile teams.
- b. FNAB will not be done in the field by mobile teams-for now.
- c. Distributed final laboratory test menu to local persons in Kyiv-all agreed!!
- d. Decided that fasting samples were not required for any of our tests in blood-all agreed.
- e. Met with urinary iodine laboratory staff and got them up and running.

For those issues above there should be no need for further discussion in the short term. As the mobile teams work, we may need to review things from time to time and make whatever changes make sense in their setting, the operative words being "their setting".

4. Computers were released from customs and Sasha and I worked on getting the server programmed with systems. They worked hard when I was there with customs and everyone breathes a sigh of relief to be able to now begin to set up DCC in proper fashion.

Dr. Tereschenko will now take some steps to get epidemiology persons involved on a full time basis-since they will have computers available. It has been a long struggle with Ukrainian customs but they did work at it and managed to get computers released. When I departed, there was no firm word on whether Slava Derzhervets would leave his position in DCC. Dr.T and I discussed the situation in some detail but I have had no final word on his decision. After I did survey of computer hardware and software after release, I think that the choices were excellent, and Herman Mitchell did a great job in selection. We probably have the best network system in Ukraine-and ideal for our tasks there. Good also to see several "constant voltage" power supply units in shipment. I know that they are expensive but with the coming energy crisis in Ukraine they will be a good investment. Computerland has already "hard wired" the DCC for networking so it is just a matter of software programming now. Sasha and I had great fun with the English and German and Dutch instructions for all computer software and hardware-since all units came from the Compaq/Netherlands distributor.

5. I met with laboratory staff and discussed the QA requirements for project testing. I think they understand it now and believe that they can do it with timely arrival of materials. All phlebotomy supplies are in place. The calcium analyzer is in place and working but I may have to make some adjustments-since they only know what field engineer from Chiron told them. In addition, operating instructions need to be translated into Ukrainian for that instrument. I did not set that in motion but must do so soon. They only have English and German version of manuals. Saw the results of testing with the 1 and only shipment of Amerlite reagents. TSH seems OK but FT-4 is totally wrong. Their instrument was not working so they had to send tubes out to another site in Kyiv for final reading on Amersham Instrument. I think we should write off all of the results from the Amerlite/Amerlex test results on cohort and now concentrate on getting in Brahms kits for use with the Berthold chemiluminescent instrument.

6. Spent a day at Institute of Endocrine Surgery in Kyiv-something of a rival institute with the IEM where project is sited. There is real competition between those institutes for patients-I will elaborate on the situation regarding patient competition in later memo. I became aware of it from friends outside of the IEM-but it is a real issue and an extremely interesting one for me since I became aware of the general situation for patients in Ukraine-something which is not generally known. The IES will take patients on an almost-walk in basis-while at the IEM there is a waiting list for thyroid surgery. In general, the "free" medical system in Ukraine may ask patients to "make donation" of 200-400 Grivnas for their procedure. Also, patients generally have to furnish all of their anticipated medications, including anesthetic in many cases. At the Oncology Institute in Kyiv, patients have to furnish their own bedding as well. What I have related above is the norm now in Kyiv and across Ukraine. There is a shortage of funds in medical system and a major shortage of medications in the whole "state" system. I believe from reliable sources that the whole medical system is receiving about 25% of their budget requirements at this time. The shortfall must be made up from patient contributions.

7. Spent day with mobile team in small town of Ostyor, in Chernigiv Oblast.( Note, Ihor, I am using Ukrainian spelling for you) on 25th of August. Team is very efficient, well organized and knows how to do it. Phlebotomy and urine collection went well and the

equipment was unloaded and put into action quickly. The ultrasound instrument is a dog to get in and out of van-since they have to take off wheels for transport and reassemble wheels upon arrival at polyclinic. The crate is too tall to fit into van with wheels attached. It takes 4 men to manhandle that thing out of van-myself being one of them. I enjoyed working with mobile team-gave some good tips to phlebotomy person and showed her how to make balance tubes from vacutainers and water. She now feels more comfortable with using vacutainer system-since she has been accustomed to needle and syringe system. Helped her locate veins and she had no problems with the mostly 14-17 year old patients who appeared on 25th. Team will stay through Friday in that setting. Mobile team gets high marks from me and I do not know how they get persons to spend time up in the outback in rather primitive conditions-with what they pay the teams!! This team was put up overnights in the local hospital attached to polyclinic.

8. Dr Tereschenko was very helpful and organized things well during my stay. With computers now released from customs, with the laboratory more or less organized, we only need thyroid testing kits to forge ahead. There is still a lot of work to do, getting DCC running well, making sure that laboratory reagents arrive in timely fashion, monitoring laboratory work, trying to solve the continuing customs problems in Ukraine. I think that the major elements are in place for screening. We just need to have close and continuous monitoring of daily operations. Once epidemiology gets up and running there will also be questions about cohort location and enrollment.

In summary, I think that much was accomplished during my visit-the most important of which was establishing a working relationship with the local persons in Kyiv. They know that I know the local scene and we all work well together. I do understand their situations and they know it. Wish I could have a crash 2 week course in Ukrainian but they do all understand Russian and when all else fails, I can use Russian. Special kudos to Dr Anna Derevyanko for her wearing of many "hats" during my visit-clinician-interpreter-mobile team member-equipment surveyor-you name it. I think that if we can solve the customs problems we can expect to begin working in earnest in Kyiv.

Everett Mincey  
Vancouver, BC  
2 September, 1998